

DECLARATION AND POWER OF ATTORNEY U.S.A.

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ATTORNEYS' DOCKET NO.

ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT, PARIS CONVENTION;
NON PRIORITY; OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

A method for detecting an analyte in a sample

which is described and claimed in: ☒ PCT International Application No. PCT/EP03/14661 filed 19 Dec. 2003
☐ the attached specification ☐ the specification in application Serial No. _____ filed _____

(If applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

EP 02 028 582.1 Europe 20 Dec. 2002
(Number) (Country) (Day/Month/Year Filed)

Priority Claimed

☒ Yes ☐ No

US 60/439,439 USA 13 Jan. 2003
(Number) (Country) (Day/Month/Year Filed)

☒ Yes ☐ No

(Number) (Country) (Day/Month/Year Filed)

☐ Yes ☐ No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. _____ Filing Date _____ Application No. _____ Filing Date _____

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SEND CORRESPONDENCE TO: CUSTOMER NO. 00136

or

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY
400 SEVENTH STREET, N.W.
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY

*Inventor(s) name must include at least one unabbreviated first or middle name.

| | | | | |
|-----|-------------------------|----------------------|--------------------------|------------------------|
| 201 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
| | | Hinnah | Silke | ---- |
| | | Hamburg | Germany | German |
| | | Wogenmannsburg 27 | Hamburg | Germany |
| | | | | ZIP CODE |
| | | | | 22457 |
| 202 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
| | | Lambrü | Dagmar | ---- |
| | | Faßberg | Germany | German |
| | | Gerdehaus 5 | Faßberg | Germany |
| | | | | ZIP CODE |
| | | | | 29328 |
| 203 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY |
| | | Dröge | Sonja | ---- |
| | | Elmshorn | Germany | German |
| | | Louis-Mendel-Str. 80 | Elmshorn | Germany |
| | | | | ZIP CODE |
| | | | | 25335 |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | |
|----------------------------|----------------------------|----------------------------|
| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
| DATE X 5.8.2005 | DATE X | DATE X |

*Additional inventors are named on separately numbered sheets attached hereto.

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**JACOBSON HOLMAN PLLC
ADDITIONAL INVENTORS**

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| | | | | | |
|-----|----------------------------|---------------------------------------|-------------------------------------|----------------------------------|-------------------|
| 204 | FULL NAME * OF INVENTOR | FAMILY NAME Jäger | GIVEN NAME Stefan | MIDDLE NAME ---- | |
| | RESIDENCE & CITIZENSHIP | CITY Hamburg | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP German | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Nissenstr. 14 | CITY Hamburg | STATE OR COUNTRY Germany | ZIP CODE 20251 |
| 205 | FULL NAME * OF INVENTOR | FAMILY NAME Gall | GIVEN NAME Karsten | MIDDLE NAME ---- | |
| | RESIDENCE & CITIZENSHIP | CITY Lunestedt | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP German | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Schulstr. 23 | CITY Lunestedt | STATE OR COUNTRY Germany | ZIP CODE 27616 |
| 206 | FULL NAME * OF INVENTOR | FAMILY NAME Stürmer | GIVEN NAME Werner | MIDDLE NAME ---- | |
| | RESIDENCE & CITIZENSHIP | CITY Wahlwies | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP German | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Zum Weilerle 8 | CITY Wahlwies | STATE OR COUNTRY Germany | ZIP CODE 78333 |
| 207 | FULL NAME * OF INVENTOR | FAMILY NAME Schäfer | GIVEN NAME Michaela | MIDDLE NAME ---- | |
| | RESIDENCE & CITIZENSHIP | CITY Orsingen-Nenzingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP German | |
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| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY | ZIP CODE |
| 211 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
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| SIGNATURE OF INVENTOR 204 * | SIGNATURE OF INVENTOR 205 * | SIGNATURE OF INVENTOR 206 * |
| DATE X 30. Aug. 05 | DATE X | DATE X |
| SIGNATURE OF INVENTOR 207 * | SIGNATURE OF INVENTOR 208 * | SIGNATURE OF INVENTOR 209 * |
| DATE X | DATE | DATE |
| SIGNATURE OF INVENTOR 210 * | SIGNATURE OF INVENTOR 211 * | |
| DATE | DATE | |

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| | | | | |
|-----|-------------------------|--|--|---|
| 201 | FULL NAME * OF INVENTOR | FAMILY NAME <u>Hinnah</u> | GIVEN NAME <u>Silke</u> | MIDDLE NAME <u>----</u> |
| | RESIDENCE & CITIZENSHIP | CITY <u>Hamburg</u> | STATE OR FOREIGN COUNTRY <u>Germany</u> | COUNTRY OF CITIZENSHIP <u>German</u> |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS <u>Wogenmannsburg 27</u> | CITY <u>Hamburg</u> | STATE OR COUNTRY <u>Germany</u> |
| 202 | FULL NAME * OF INVENTOR | FAMILY NAME <u>Lambrü</u> | GIVEN NAME <u>Dagmar</u> | MIDDLE NAME <u>----</u> |
| | RESIDENCE & CITIZENSHIP | CITY <u>Faßberg</u> | STATE OR FOREIGN COUNTRY <u>Germany</u> | COUNTRY OF CITIZENSHIP <u>German</u> |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS <u>Gerdehaus 5</u> | CITY <u>Faßberg</u> | STATE OR COUNTRY <u>Germany</u> |
| 203 | FULL NAME * OF INVENTOR | FAMILY NAME <u>Dröge</u> | GIVEN NAME <u>Sonja</u> | MIDDLE NAME <u>---</u> |
| | RESIDENCE & CITIZENSHIP | CITY <u>Elmshorn</u> | STATE OR FOREIGN COUNTRY <u>Germany</u> | COUNTRY OF CITIZENSHIP <u>German</u> |
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|----------------------------|----------------------------|----------------------------|
| <u>X</u> | <u>X</u> | <u>X</u> |
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| | RESIDENCE & CITIZENSHIP | CITY Wahlwies | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP German | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Zum Welerle 8 | CITY Wahlwies | STATE OR COUNTRY Germany | ZIP CODE 78333 |
| 207 | FULL NAME * OF INVENTOR | FAMILY NAME Schäfer | GIVEN NAME Michaela | MIDDLE NAME ---- | |
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| 208 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
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| 210 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY | ZIP CODE |
| 211 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME | |
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| DATE X | DATE X | DATE X |
| SIGNATURE OF INVENTOR 207 * | SIGNATURE OF INVENTOR 208 * | SIGNATURE OF INVENTOR 209 * |
| DATE X | DATE | DATE |
| SIGNATURE OF INVENTOR 210 * | SIGNATURE OF INVENTOR 211 * | |
| DATE | DATE | |

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Priority Claimed

| | |
|---|-----------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
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| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Zum Weilerle 8 | CITY Wahlwies | STATE OR COUNTRY Germany | ZIP CODE 78333 |
| 207 | FULL NAME * OF INVENTOR | FAMILY NAME Schäfer | GIVEN NAME Michaela | MIDDLE NAME ---- | |
| | RESIDENCE & CITIZENSHIP | CITY Orsingen-Nenzingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP German | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Friedhofstr.1 | CITY Orsingen-Nenzingen | STATE OR COUNTRY Germany | ZIP CODE 78359 |
| 208 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY | ZIP CODE |
| 209 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY | ZIP CODE |
| 210 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY | ZIP CODE |
| 211 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY | ZIP CODE |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| SIGNATURE OF INVENTOR 204 * | SIGNATURE OF INVENTOR 205 * | SIGNATURE OF INVENTOR 206 * |
| DATE X | DATE X | DATE X |
| SIGNATURE OF INVENTOR 207 * | SIGNATURE OF INVENTOR 208 * | SIGNATURE OF INVENTOR 209 * |
| DATE X | DATE | DATE |
| SIGNATURE OF INVENTOR 210 * | SIGNATURE OF INVENTOR 211 * | |
| DATE | DATE | |

☐ Additional inventors are named on separately numbered sheets attached hereto.
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DECLARATION AND POWER OF ATTORNEY U.S.A.

FOR ATTORNEYS' USE ONLY
ATTORNEYS' DOCKET NO.

ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT; PARIS CONVENTION;
NON PRIORITY; OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

A method for detecting an analyte in a sample

which is described and claimed in: ☒ PCT International Application No. PCT/EP03/14661 filed 19 Dec. 2003
☐ the attached specification ☐ the specification in application Serial No. _____ filed _____

(If applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

| | | |
|------------------------------------|----------------------------|--|
| <u>EP 02 028 582.1</u> (Number) | <u>Europe</u> (Country) | <u>20 Dec 2002</u> (Day/Month/Year Filed) |
| <u>US 60/439,439</u> (Number) | <u>USA</u> (Country) | <u>13 Jan 2003</u> (Day/Month/Year Filed) |
| _____ (Number) | _____ (Country) | _____ (Day/Month/Year Filed) |

Priority Claimed

| | |
|---|-----------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. _____ Filing Date _____ Application No. _____ Filing Date _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00136

or

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY
400 SEVENTH STREET, N.W.
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY

*Inventor(s) name must include at least one unabbreviated first or middle name.

| | | | | |
|-----|-------------------------|--|--|---|
| 201 | FULL NAME * OF INVENTOR | FAMILY NAME <u>Hinnah</u> | GIVEN NAME <u>Silke</u> | MIDDLE NAME <u>-----</u> |
| | RESIDENCE & CITIZENSHIP | CITY <u>Hamburg</u> | STATE OR FOREIGN COUNTRY <u>Germany</u> | COUNTRY OF CITIZENSHIP <u>German</u> |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS <u>Wogenmannsburg 27</u> | CITY <u>Hamburg</u> | STATE OR COUNTRY <u>Germany</u> |
| 202 | FULL NAME * OF INVENTOR | FAMILY NAME <u>Lambrü</u> | GIVEN NAME <u>Dagmar</u> | MIDDLE NAME <u>-----</u> |
| | RESIDENCE & CITIZENSHIP | CITY <u>Faßberg</u> | STATE OR FOREIGN COUNTRY <u>Germany</u> | COUNTRY OF CITIZENSHIP <u>German</u> |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS <u>Gerdehaus 5</u> | CITY <u>Faßberg</u> | STATE OR COUNTRY <u>Germany</u> |
| 203 | FULL NAME * OF INVENTOR | FAMILY NAME <u>Dröge</u> | GIVEN NAME <u>Sonja</u> | MIDDLE NAME <u>---</u> |
| | RESIDENCE & CITIZENSHIP | CITY <u>Elmshorn</u> | STATE OR FOREIGN COUNTRY <u>Germany</u> | COUNTRY OF CITIZENSHIP <u>German</u> |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS <u>Louis-Mendel-Str. 80</u> | CITY <u>Elmshorn</u> | STATE OR COUNTRY <u>Germany</u> |
| | | | | ZIP CODE <u>22457</u> |
| | | | | ZIP CODE <u>29328</u> |
| | | | | ZIP CODE <u>25335</u> |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | |
|----------------------------|----------------------------|----------------------------|
| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
| DATE <u>X</u> | DATE <u>X</u> | DATE <u>X</u> |

*Additional inventors are named on separately numbered sheets attached hereto.

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**JACOBSON HOLMAN PLLC
ADDITIONAL INVENTORS**

* Inventor(s) name must include at least one unabbreviated first or middle name.

| | | | | | |
|-----|----------------------------|---------------------------------------|-------------------------------------|----------------------------------|-------------------|
| 204 | FULL NAME * OF INVENTOR | FAMILY NAME Jäger | GIVEN NAME Stefan | MIDDLE NAME ---- | |
| | RESIDENCE & CITIZENSHIP | CITY Hamburg | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP German | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Nissenstr. 14 | CITY Hamburg | STATE OR COUNTRY Germany | ZIP CODE 20251 |
| | | | | | |
| 205 | FULL NAME * OF INVENTOR | FAMILY NAME Gall | GIVEN NAME Karsten | MIDDLE NAME ---- | |
| | RESIDENCE & CITIZENSHIP | CITY Lunestedt | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP German | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Schulstr. 23 | CITY Lunestedt | STATE OR COUNTRY Germany | ZIP CODE 27616 |
| | | | | | |
| 206 | FULL NAME * OF INVENTOR | FAMILY NAME Stürmer | GIVEN NAME Werner | MIDDLE NAME ---- | |
| | RESIDENCE & CITIZENSHIP | CITY Wahlwies | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP German | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Zum Weilerle 8 | CITY Wahlwies | STATE OR COUNTRY Germany | ZIP CODE 78333 |
| | | | | | |
| 207 | FULL NAME * OF INVENTOR | FAMILY NAME Schäfer | GIVEN NAME Michaela | MIDDLE NAME ---- | |
| | RESIDENCE & CITIZENSHIP | CITY Orsingen-Nenzingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP German | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Friedhofstr.1 | CITY Orsingen-Nenzingen | STATE OR COUNTRY Germany | ZIP CODE 78359 |
| | | | | | |
| 208 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY | ZIP CODE |
| | | | | | |
| 209 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY | ZIP CODE |
| | | | | | |
| 210 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY | ZIP CODE |
| | | | | | |
| 211 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY | ZIP CODE |
| | | | | | |

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| | | |
|-----------------------------|-----------------------------|-----------------------------|
| SIGNATURE OF INVENTOR 204 * | SIGNATURE OF INVENTOR 205 * | SIGNATURE OF INVENTOR 206 * |
| DATE X | DATE X 02.09.05 | DATE X |
| SIGNATURE OF INVENTOR 207 * | SIGNATURE OF INVENTOR 208 * | SIGNATURE OF INVENTOR 209 * |
| DATE X | DATE | DATE |
| SIGNATURE OF INVENTOR 210 * | SIGNATURE OF INVENTOR 211 * | |
| DATE | DATE | |

□ Additional inventors are named on separately numbered sheets attached hereto.
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DECLARATION AND POWER OF ATTORNEY U.S.A.

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ATTORNEYS' DOCKET NO.

ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT; PARIS CONVENTION;
NON PRIORITY; OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

A method for detecting an analyte in a sample

which is described and claimed in: ☒ PCT International Application No. PCT/EP03/14661 filed 19 Dec. 2003
☐ the attached specification ☐ the specification in application Serial No. _____ filed _____
(If applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

| (Number) | (Country) | (Day/Month/Year Filed) | Priority Claimed |
|------------------------|--------------------|---------------------------------|---|
| <u>EP 02 028 582.1</u> | <u>Europe</u> | <u>20 Dec 2002</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>US 60/439,439</u> | <u>USA</u> | <u>13 Jan 2003</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ (Number) | _____ (Country) | _____ (Day/Month/Year Filed) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

| Application No. | Filing Date | Application No. | Filing Date |
|-----------------------------------|------------------------|-----------------------------------|------------------------|
| _____ (Application Serial No.) | _____ (Filing Date) | _____ (Application Serial No.) | _____ (Filing Date) |

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00136

or

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY
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WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY

*Inventor(s) name must include at least one unabbreviated first or middle name.

| | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
|-----|-------------------------|-------------|--------------------------|------------------------|
| 201 | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY | ZIP CODE |
| | | | | |
| 202 | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY | ZIP CODE |
| | | | | |
| 203 | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY | ZIP CODE |
| | | | | |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
|----------------------------|----------------------------|----------------------------|
| DATE | DATE | DATE |

*Additional inventors are named on separately numbered sheets attached hereto.

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**JACOBSON HOLMAN PLLC
ADDITIONAL INVENTORS**

* Inventor(s) name must include at least one unabbreviated first or middle name.

| | | | | | |
|-----|----------------------------|--------------------------------------|-------------------------------------|----------------------------------|-------------------|
| 204 | FULL NAME * OF INVENTOR | FAMILY NAME Jäger | GIVEN NAME Stefan | MIDDLE NAME ---- | |
| | RESIDENCE & CITIZENSHIP | CITY Hamburg | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP German | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Nissenstr. 14 | CITY Hamburg | STATE OR COUNTRY Germany | ZIP CODE 20251 |
| 205 | FULL NAME * OF INVENTOR | FAMILY NAME Gall | GIVEN NAME Karsten | MIDDLE NAME ---- | |
| | RESIDENCE & CITIZENSHIP | CITY Lunestedt | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP German | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Schulstr. 23 | CITY Lunestedt | STATE OR COUNTRY Germany | ZIP CODE 27616 |
| 206 | FULL NAME * OF INVENTOR | FAMILY NAME Stürmer | GIVEN NAME Werner | MIDDLE NAME ---- | |
| | RESIDENCE & CITIZENSHIP | CITY Wahlwies | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP German | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Zum Weierle 8 | CITY Wahlwies | STATE OR COUNTRY Germany | ZIP CODE 78333 |
| 207 | FULL NAME * OF INVENTOR | FAMILY NAME Schäfer | GIVEN NAME Michaela | MIDDLE NAME ---- | |
| | RESIDENCE & CITIZENSHIP | CITY Orsingen-Nenzingen | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP German | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Friedhofstr.1 | CITY Orsingen-Nenzingen | STATE OR COUNTRY Germany | ZIP CODE 78359 |
| 208 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY | ZIP CODE |
| 209 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY | ZIP CODE |
| 210 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY | ZIP CODE |
| 211 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY | ZIP CODE |

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| SIGNATURE OF INVENTOR 204 * | SIGNATURE OF INVENTOR 205 * | SIGNATURE OF INVENTOR 206 * |
| DATE X | DATE X | DATE X 19.9.2005 |
| SIGNATURE OF INVENTOR 207 * | SIGNATURE OF INVENTOR 208 * | SIGNATURE OF INVENTOR 209 * |
| DATE X 15.9.2005 | DATE | DATE |
| SIGNATURE OF INVENTOR 210 * | SIGNATURE OF INVENTOR 211 * | |
| DATE | DATE | |

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